MDPB Minutes, September 15, 2004

Members In Attendance: David Ettinger. Eliot Smith, Dave McKelway, Alfred Riel, Kevin Kendall, Paul Liebow, Steve Diaz

MEMS Staff In Attendance: Jay Bradshaw, John Bastin, Dawn Kinney

Guests: Norm Dinerman, Matt Sholl, Rick Petrie, David Ciraulo, Julie Ontengco, Lori Metayer, Scott French, Joe Lahood, Peter Goth, Paul Marcolini, Joanne LeBrun, Jim McKenney, James Caron, Kevin Marston, Jeff Regis, Sue Hludik, David White, Dan Palladino, Bill Dunwoody, Rhonda Chase, Dan Batsie, Alan Azzara

I. Acceptance of August minutes—unanimous approval
II. Presentation by Dr. Ciraulo—Proposal to study PolyHeme— a blood substitute for those who have B/P less than 90 with trauma and have received less than a liter of crystalloid. Full info available by Dr. Ciraulo, a new trauma/critical care surgeon at MMC. Large prehospital component; will bring back to us after MMC IRB. Diaz has asked Burton to help us with direction on this.
III. Legislative/Budget update: Legislature not in session; Budget maybe affected by upcoming vote
IV. PIFT: Discussions have been going well, expect working documents of approved meds (by classes), devices, definition of patient stability, and beginning of QI document by next PIFT meeting (next month); will then disseminate to group.
V. CCT: this is a discussion that will take place at a later date—again, attempting to meet a majority of the state's needs through PIFT, and will then do an assessment to see if other options needed.
VI. Medical Control Competency: unanimous approval to move forward with this (also unanimous approval through Maine ACEP); interest by all MDPB members, Dr. Alexander, and Dr. Sholl to help draft this. Kendall brought up that different hospital capabilities should be a component of this—we will try.
VII. Protocols: Mainly housekeeping, but two outstanding issues. Dr. Kendall reiterated desire to know where amiodarone stands—will ask the CAC group tonight. Dr. Smith queried whether standing narcotic order OK with legal gurus—Bradshaw and Diaz will check this.
VIII. Education Committee: asking for more direction with airway update. Diaz will work with Marcolini and Petrie to draft this. Reinforcing the fact that LMA's will be mandatory, Combitube optional, and devices OK'ed with appropriate training.
IX. CPAP Update: Batsie gave us a 6 month update. 5 patients have been treated with BIPAP, and 4 with good outcome and one could not tolerate the device. These numbers are not unusual with commencement of such a study with this device. CMMC coming on board with training soon.
X. Umbilical vein line: Diaz was queried by a medic who has Neonatal Resuscitation Training (NRP) as to whether or not he can perform UV lines.

Much discussion, with the issues of low volume procedure, special equipment needs, querying whether this is part of national standards curriculum, querying how we know medic maintains this skill (merit badge) and if this is needed with IO. Is easier than IO, has minimal equipment needs, and is a little more than the usual device exemptions asked for (which is why Diaz brought it here). For guidance, vote asked for to compare those who would approve versus those who would not: 2 in favor, 4 against (Diaz did not vote). Under consideration by Diaz.

XI. RSI: Presentation by Petrie, Metayer, and Goth with medical direction support by Diaz. Attachment circulated which delineates components of such a program and proposed protocol. Much discussion which will continue next meeting. Smith found the intubation requirements unduly restrictive, and notes the paucity of data giving the baseline requirements—why not reinforce with manikin practice? Liebow admits he is edging slowly towards acceptance of such an idea, with some caveats—he has QA concerns, he feels one provider doing this is not enough for patient safety, and concerns with the prehospital rate of improper intubations (including right mainstem). Metayer also echoed concern of single provider doing this, feels that the education piece could be financially restrictive and reiterates need for robust QI. Marcolini asked for needs assessment—this has been done by Smith and need is there for Maine. Both then presented his component which is a training center. Basically, this type of protocol has a necessary Education/Training component, a necessary QI/QA component, and an Airway Training Center component (Goth). This introductory discussion was brought to start a dialogue which has varied proponents. Will continue this next time.

XII. Dr. Stuchiner: he was unable to make the meeting; we wish to honor him for his 15 years of service—Dr. Riel is taking his place in the interim.

XIII. Tabled to next meeting: Patient Signoffs for hypoglycemia; passing care to a lower license level provider; disaster protocols

XIV. Next meeting: October 20, 2004 9:30 am